

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>100-1003</i>	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1					51			
2	1					52			
3	1					53			
4						54			
5						55			
6	1					56			
7						57			
8						58			
9						59			
10						60			
11						61			
12						62			
13						63			
14						64			
15						65			
16						66			
17						67			
18						68			
19						69			
20						70			
21						71			
22						72			
23						73			
24						74			
25						75			
26						76			
27						77			
28						78			
29						79			
30						80			
31						81			
32						82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
<b>TOTAL IND.</b>	<i>1</i>					<b>TOTAL IND.</b>			
<b>TOTAL DEP.</b>	<i>1</i>					<b>TOTAL DEP.</b>			
<b>TOTAL CLAIMS</b>	<i>1</i>					<b>TOTAL CLAIMS</b>			